

## **Application Data Sheet**

<b>Application Information</b>
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Application number:: 09/548,883

Filing Date:: 04/13/00

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: MULTI-ANALYTE DIAGNOSTIC TEST FOR

THYROID DISORDERS

Attorney Docket Number:: 02558B-063100US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

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## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Watkins

Name Suffix::

City of Residence:: Vacaville

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4219 Rolling Hills Lane

City of Mailing Address:: Vacaville

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95688

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Suknan

Middle Name:: S.

Family Name:: Chang

Name Suffix::

City of Residence:: Oakland

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 131 Vernon Street, No. 4

City of Mailing Address:: Oakland

State or Province of mailing address:: CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94610

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**Philippines** 

Status::

**Full Capacity** 

Given Name::

Renato

Middle Name::

B.

Family Name::

Del Rosario

Name Suffix::

City of Residence::

Benicia

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

900 Cambridge Drive, No. 146

City of Mailing Address::

Benicia

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

94510

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Patricia

Middle Name::

A.

Family Name::

Miranda

Name Suffix::

City of Residence::

Novato

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

45 Carnoustic Heights

City of Mailing Address::

Novato

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State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94949

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Timothy

Middle Name:: D.

Family Name:: Knight

Name Suffix::

City of Residence:: Benicia

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 495 McCall Drive

City of Mailing Address:: Benicia

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94510

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name:: B.

Family Name:: Edwards

Name Suffix::

City of Residence:: Cold Spring

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 562 East Mountain Road, North

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City of Mailing Address::

**Cold Spring** 

State or Province of mailing address::

Country of mailing address::

US

NY

Postal or Zip Code of mailing address:: 10516

**Correspondence Information** 

Correspondence Customer Number::

20350

**Representative Information** 

Representative Customer Number::

20350

**Domestic Priority Information** 

Application::

Continuity Type::

Parent Application: Parent Filing Date::

**Foreign Priority Information** 

Country::

Application number::

Filing Date::

**Assignee Information** 

Assignee Name::

Bio-Rad Laboratories, inc.

Street of mailing address::

1000 Alfred Nobel Drive

City of mailing address::

Hercules

State or Province of mailing address::

California

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94547